

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Public Health Nursing*

By J. D. DUNSHEE, M.D., Director, California Department of Public Health

The profession of nursing has been immortalized through the work of women such as Florence Nightingale and Clara Barton and the traditions established by self-sacrificing service have been nobly upheld. Suffering humanity, soothed by the ministrations of deft and skillful fingers, has every reason for feeling grateful to this army of women scattered throughout the civilized world.

The training of women in the art of "helping the patient to live" really began in the nineteenth century. Training of nurses was the first step toward the greatest of the qualities of the modern hospital—its cleanliness. Florence Nightingale made nursing a dignified profession. She did not know the part played by bacteria in illness, but she did know that cleanliness, fresh air, pure water and sunlight were necessities in the proper care of the sick. From this beginning, and the later knowledge acquired of the causes of disease and its various ways of being spread, has developed the modern profession of public health nursing. To "helping the patient to live" has been added "helping all to live" so there will be fewer "patients" better cared for, and more happy lives.

Public health nursing, the newest of the nursing arts, has become a fixed, established and integral

part of modern community life. It has emerged from its pioneer stage and can no longer be considered as experimental or temporary. Its growth has been steady and has not partaken of the nature of a phenomenon. The fact that it covers a wide variety of activities and that its flexibility permits adjustment to the particular needs of particular communities has played no small part in its success. Twenty years ago in California, there were not more than half a dozen public health nurses employed within the State. Today, nearly 1500 public health nurses have secured certificates through examination by the State Board of Public Health.

A study of public health, made for the 1930 White House Conference, showed that in the United States in 100 cities with a population of 100,000 each there was an average of 24.6 public health nurses officially engaged in such work.

While the economic stress of the times has brought unemployment among all professions, this profession has suffered no more than any of them. At this time, however, it would seem the wise procedure to take stock of attributes to determine, if possible, the needs of the profession and to plan for its development during the years that lie immediately ahead.

We are all familiar with the standard duties that have been assigned to the public health nurse. We know of her in special activities in widely divergent fields of human welfare; of her accomplishments in

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child hygiene and in maternity service; of her activities in the control of communicable diseases, including tuberculosis. We know of her as a school nurse and as an industrial nurse. In all of these undertakings her work has been generally satisfactory and the accomplishments of the profession as a whole are worthy of the praise that has been accorded to it.

The low incidence of communicable disease in many communities is due to many factors not the least of which is the constant vigilance and service of public health nurses. They can be, and are, one of the most important agents in the administrative machinery of communicable disease control. Through the home, the clinic, the school, and other points of contact, they reach both parents and children in an exceptionally intimate way. They assist in the early detection of disease, in initiating measures of prevention, and in definite follow-up measures. The nurses are often the first persons with some knowledge of disease to discover real or suspected cases, and from their knowledge of control methods and their intimate contact with the homes in the community they are able to effect measures for control. In doing this they should not encroach upon the physician, and the intelligent nurse does not do so.

In their visits to the homes nurses have given special attention to nutrition problems which grim necessity has developed and have assisted in securing proper food that in illness or the preservation of the health of children they might suffer less from lack of nourishing diet. They have helped in selecting food which would be cheap enough to come within limited incomes and still supply a balanced diet necessary for life. They have nursed the ill, dressed the maimed, cheered the afflicted. They have isolated the sick to protect the well. When widespread epidemics occur they go quietly about ministering, cleaning, that we and our children may be protected from the unseen enemies that constantly stalk among us.

Even when public health nursing was young, great stress was placed upon its value in education. Many years ago, Dr. C. E. A. Winslow of Yale said: "We have sought for twenty years for a missionary to carry the message of health into each individual home, and in America we have found this messenger in the public health nurse."

"Education," according to dictionary definition, "is the systematic development and cultivation of the normal powers of intellect, feeling and conduct so as to render them efficient in some particular form of living or for life in general. As understood today, education connotes all those processes cultivated by a given society as a means for the realization in the individual of the ideals of the community as a whole.

It has for its aim the development of the powers of man (1) by exercising each along its particular line; (2) by properly coordinating and subordinating them; (3) by taking advantage of the law of habit; and (4) by appealing to human interest and enthusiasm." Application of this definition indicates clearly that the type of education to be fostered by public health nurses is not the provision, merely, of pertinent information in an emergency. It is far more than that. Education must always be considered as a process—the development of a system, organized, planned with care, administered with skill and patience. In an old book, "Human Intellect," it is stated "those who influence the character and conduct of their fellow men by public discourse or private conversation, by their persuasion of words or the magic power of look or gesture, those who seduce to evil or win to good are, in the appropriate sense of the word, educators."

The field in public health education today is enormous and the opportunities for nurses in the development of this field are almost unlimited. The economic depression in which we have lived for the past few years has shown us many failures in the education of the general public along public health lines. Failure in the development of community programs for immunization against diphtheria and smallpox indicates, for example, failure in the education of the general public in the values that lie in these important procedures.

How many public health nurses are prepared to undertake educational work of this type? How many are equipped to organize the education of a community in the prevention of disease. A public health nurse may have a vast fund of knowledge in the subject but she may not be equipped to educate the people of the community in the development of a public health program. An educator, to be successful, must possess certain inherent qualities. Not all public health nurses possess those inherent qualities. Is it not possible that in the future nurses who are selected for training in public health will be chosen for qualifications as educators?

Public health deals with masses, rather than with individuals. It is doubtful that any other governmental employee comes into contact with a greater number of individuals than does the public health nurse. She must of necessity be able to interest the people with whom she comes into contact in the promotion of individual health. She must know human psychology; she must understand racial traditions, customs and habits; she must possess imagination and a host of qualities that make her successful in her chosen profession. In addition to these, she must

have special training to fit her as an educator. She must be trained to bring about the systematic development and cultivation of the art of living. She must be able to take advantage of the law of habit and the appeal to human interest and enthusiasm. If courses in special training to cover this field are not available at the present time, they must be made available. The whole future of successful public health nursing depends upon the development of nurses as educators. It is not unreasonable to assume that the effects of the depression would not have fallen so heavily upon public health administration in general had public health nurses been equipped ten years ago to carry on organized and systematic educational procedures. No other individual in the public health field is more appropriately nominated for these activities. She is the "home teacher" in public health.

Many years ago, the late Dr. Charles J. Hastings, health officer of Toronto, former president of the American Public Health Association, and greatly beloved by all public health officials, recognized the public health nurse as an educator. He was the first health officer to employ public health nurses in large numbers. His entire city was divided into small districts and a public health nurse was placed in each district. She was known and esteemed by all the people within its confines. Public health records were kept faithfully of every child within the district. She was the teacher, counselor, friend and official health representative to every human being within the precinct. But, chief of all, she was the educator in public health.

In planning for the future I hope that you will consider with the utmost care the development of education in public health as one of the chief attributes in public health nursing. Inclusion of this in all of your projects will go far toward raising professional standards. It will equip public health nurses to provide most valuable service to the health officer and to the people of each community. In the development of such a project you are not only advancing your own particular profession but you are promoting the development of the highest type of service which will go far toward uplifting of community health and happiness.

Even in the populous districts, the practice of medicine is a lonely road which winds uphill all the way, and a man may easily go astray and never reach the delectable mountains unless he early finds those shepherd guides of whom Bunyan tells, Knowledge, Experience, Watchful and Sincere.—Osler.

ELECTRIC LIGHT TRAPS AID MOSQUITO CONTROL

Mosquito traps save time and effort in campaigns against a dangerous and annoying insect pest, say entomologists of the United States Department of Agriculture. Examination of the catch in a trap set for several nights, or even for just one night, shows what kinds of mosquitoes infest a given locality and which are most abundant. This information makes it easy to locate the breeding places of mosquitoes prevalent enough to call for action and to plan an effective control program.

The new trap, which was perfected by Dr. T. J. Headlee and his associates at the New Jersey State Experiment Station, consists of an iron cylinder, at the front of which is mounted an electric light bulb, with a reflector behind and an electric fan back of that. A fine wire screen closes the rear of the cylinder. A cyanide collecting jar fits into the cylinder just below, and in front of, the screen. The cylinder is equipped with a wind vane and is mounted on a ball-bearing device, so that it always faces the wind. An ordinary 110-volt circuit supplies the current for its operation. A clock and switch device will turn the machine off or on when desired.

Twenty of these traps were operated under the general direction of Federal entomologists in the Chesapeake Bay region through the summer and fall of 1932. Three thousand mosquitoes were caught in one trap in one night. The traps were used, the entomologists point out, not to control the pest, but to obtain a true picture of its prevalence. The Chesapeake Bay survey showed the presence of 28 species of mosquitoes varying in habits and in abundance. This insect sampling was the preliminary step in a systematic control by drainage, oiling, and other means.—*Farm Bureau Monthly*.

Where education has been entirely neglected or improperly managed, we see the worst passions ruling with uncontrolled and incessant sway. Good sense degenerates into craft, and anger rankles into malignity. Restraint, which is thought most salutary, comes too late, and the most judicious admonitions are urged in vain.—S. Parr.

MORBIDITY*

Chickenpox

484 cases of chickenpox have been reported, as follows: Alameda County 5, Alameda 1, Albany 2, Berkeley 5, Oakland 28, Contra Costa County 5, Antioch 3, Richmond 8, Fresno County 6, Fresno 7, Los Angeles County 19, Alhambra 3, Avalon 1, Beverly Hills 14, Burbank 4, Glendale 13, Huntington Park 2, Long Beach 16, Los Angeles 97, Monrovia 2, Pasadena 22, Santa Monica 6, Whittier 2, South Gate 4, Monterey Park 1, Madera County 2, Ross 1, Orange County 1, Huntington Beach 1, Orange 1, Santa Ana 3, La Habra 4, Placer County 2, Riverside County 3, Riverside 12, Sacramento County 1, Sacramento 2,

* Complete reports for above diseases for the week ending April 7th, 1934.

San Bernardino County 4, Ontario 8, San Bernardino 1, San Diego County 7, Escondido 6, National City 9, San Diego 3, San Francisco 87, San Joaquin County 4, Stockton 9, San Luis Obispo County 6, San Luis Obispo 1, South San Francisco 1, Santa Barbara County 1, Lompoc 1, Santa Barbara 1, Santa Clara County 1, Gilroy 7, Mountain View 1, San Jose 4, Willow Glen 1, Santa Cruz 2, Shasta County 6, Tulare County 1, Ventura County 3.

Diphtheria

45 cases of diphtheria have been reported, as follows: Oakland 1, Los Angeles County 6, Burbank 1, Los Angeles 26, Montebello 1, San Anselmo 1, Merced County 1, Pacific Grove 1, San Francisco 1, San Jose 1, Sonoma County 1, Sutter County 1, Tulare County 2, Ventura County 1.

German Measles

136 cases of German measles have been reported, as follows: Fresno County 3, Fresno 2, Selma 1, Callexico 2, Kern County 12, Bakersfield 1, Los Angeles County 11, Alhambra 3, Compton 1, Long Beach 6, Los Angeles 44, Pasadena 8, Pomona 3, Redondo 1, San Gabriel 1, Whittier 2, Hawthorne 1, Monterey Park 2, Merced County 1, Orange County 1, Anaheim 1, Fullerton 2, La Habra 2, Riverside County 1, Hemet 1, Sacramento 1, San Francisco 4, Tracy 14, Tulare County 1, Visalia 2, Davis 1.

Influenza

34 cases of influenza have been reported, as follows: Los Angeles County 4, Claremont 2, Los Angeles 17, Montebello 2, Pomona 1, Santa Monica 1, Merced County 1, San Bernardino County 2, San Francisco 1, Stanislaus County 2, Turlock 1.

Malaria

2 cases of malaria have been reported, as follows: San Francisco 1, Ventura County 1.

Measles

974 cases of measles have been reported, as follows: Alameda County 21, Alameda 42, Albany 15, Berkeley 79, Hayward 1, Oakland 124, Piedmont 13, San Leandro 6, Colusa County 1, Colusa 1, Contra Costa County 32, Richmond 5, Fresno County 6, Imperial County 1, Callexico 1, Imperial 2, Calipatria 5, Bakersfield 3, Lake County 1, Susanville 9, Los Angeles County 9, Burbank 1, Glendale 1, Long Beach 3, Los Angeles 58, Pomona 6, Santa Monica 1, Whittier 2, Lynwood 2, Gardena 1, Madera County 1, Monterey County 1, Napa County 1, Calistoga 1, Plumas County 9, Riverside County 17, Hemet 1, Riverside 7, Sacramento County 1, Sacramento 9, San Bernardino County 1, Ontario 1, Redlands 1, San Bernardino 6, San Diego County 28, Chula Vista 7, Coronado 3, Escondido 1, La Mesa 18, National City 22, Oceanside 1, San Diego 11, San Francisco 132, San Joaquin County 3, Daly City 3, Menlo Park 4, Santa Barbara County 40, Lompoc 1, Santa Barbara 62, Santa Clara County 4, Gilroy 1, Palo Alto 8, San Jose 1, Vallejo 9, Turlock 7, Tuolumne County 1, Ventura County 36, Fillmore 7, Oxnard 1, Ventura 3.

Mumps

496 cases of mumps have been reported, as follows: Alameda County 23, Alameda 6, Berkeley 13, Hayward 3, Oakland 58, Piedmont 1, Butte County 1, Antioch 1, Martinez 1, Fresno County 1, Humboldt County 1, Imperial County 1, Imperial 1, Bakersfield 2, Kings County 4, Lemoore 3, Los Angeles County 9, Avalon 7, Beverly Hills 1, Burbank 1, Culver City 4, Long Beach 1, Los Angeles 20, Pasadena 2, Pomona 7, Whittier 1, South Gate 2, Madera County 1, Monterey County 5, Carmel 1, Salinas 8, Orange County 9, Anaheim 22, Huntington Beach 2, Orange 2, Santa Ana 5, La Habra 2, Tustin 1, Plumas County 1, Sacramento 2, San Bernardino County 1, San Diego 1, San Francisco 184, Stockton 7, Tracy 1, San Luis Obispo County 4, San Luis Obispo 1, Daly City 8, Menlo Park 1, Santa Barbara County 9, Lompoc 1, Santa Clara County 2, San Jose 20, Santa Clara 5, Willow Glen 1, Santa Cruz 1, Watsonville 3, Solano County 2, Sonoma County 2, Stanislaus County 1, Yuba City 2, Tulare County 2, Dinuba 1.

Pneumonia (Lobar)

60 cases of lobar pneumonia have been reported, as follows: Butte County 1, Los Angeles County 2, Huntington Park 1, Inglewood 1, Los Angeles 24, Sierra Madre 1, La Habra 1, Riverside County 2, Sacramento County 1, Sacramento 2, San Bernardino County 1, San Diego 1, San Francisco 7, San Joaquin County 6, Stockton 5, San Jose 3, Shasta County 1.

Scarlet Fever

153 cases of scarlet fever have been reported, as follows: Berkeley 2, Oakland 6, Chico 1, Fresno 1, Willows 1, Humboldt County 1, Brawley 1, El Centro 2, Kern County 5, Bakersfield 3, Hanford 1, Lake County 1, Los Angeles County 17, Alhambra 1, Beverly Hills 1, Burbank 1, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 2, Los Angeles 38, Pomona 2, Redondo 1, South Pasadena 1, Whittier 2, Torrance 1, Maywood 1, Merced County 1, Pacific Grove 1, Huntington Beach 1, Laguna Beach 1, Placer County 1, Riverside County 1, Riverside 1, Sacramento County 3, Sacramento 3, San Bernardino County 2, Redlands 5, San Bernardino 1, San Diego County 2, National City 2, San Diego 3, San Francisco 8, Stockton 2, Redwood City 1, San Mateo 1, Lompoc 1, Santa Barbara 1, Santa Maria 1, San Jose 2, Shasta County 2, Rio Vista 1, Modesto 1, Tulare County 4, Ventura County 1, Yolo County 1, Marysville 1.

Smallpox

3 cases of small pox have been reported, as follows: Brawley 1, Glendale 1, Lindsay 1.

Typhoid Fever

7 cases of typhoid fever have been reported, as follows: Glendale 1, Riverside County 1, San Francisco 3, California 2.**

Whooping Cough

428 cases of whooping cough have been reported, as follows: Alameda County 5, Alameda 8, Albany 1, Berkeley 10, Oakland 33, Piedmont 5, Colusa County 8, Colusa 1, Hercules 2, Pittsburg 3, Richmond 16, Fresno County 1, Fresno 3, Imperial County 3, Imperial 1, Bishop 1, Kern County 1, Bakersfield 4, Kings County 3, Lemoore 7, Los Angeles County 29, Beverly Hills 5, Compton 2, Culver City 4, Glendale 1, Inglewood 2, Long Beach 8, Los Angeles 61, Monrovia 2, Pasadena 12, San Fernando 5, Santa Monica 7, South Pasadena 1, Whittier 3, Torrance 5, South Gate 1, Maywood 1, Madera County 9, Madera 1, Merced County 4, Los Banos 2, Salinas 1, Orange County 16, Anaheim 2, Orange 4, La Habra 2, Riverside County 11, Riverside 13, Sacramento 3, San Bernardino 6, San Diego County 4, Coronado 1, San Diego 3, San Francisco 18, San Joaquin County 1, Stockton 8, Tracy 4, Lompoc 3, Santa Barbara 1, Santa Clara County 5, Gilroy 2, Mountain View 1, Palo Alto 2, San Jose 7, Santa Clara 2, Redding 1, Vallejo 1, Petaluma 1, Stanislaus County 3, Sutter County 2, Tehama County 2, Dinuba 7, Ventura County 3, Yolo County 7.

Meningitis (Epidemic)

4 cases of epidemic meningitis have been reported, as follows: Kern County 1, Los Angeles 1, Siskiyou County 1, Yreka 1.

Dysentery (Amoebic)

11 cases of amoebic dysentery have been reported, as follows: Berkeley 2, Westmoreland 1, Long Beach 3, Los Angeles 1, Laguna Beach 1, San Bernardino 1, San Francisco 1, San Jose 1.

Dysentery (Bacillary)

13 cases of bacillary dysentery have been reported, as follows: Berkeley 1, Calipatria 5, Los Angeles 6, San Francisco 1.

Pellagra

One case of pellagra from San Francisco has been reported.

Poliomyelitis

7 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 2, Redlands 1, San Bernardino 1, San Mateo County 1, Los Gatos 1.

Tetanus

2 cases of tetanus have been reported, as follows: Riverside 1, Ventura County 1.

Trachoma

3 case of trachoma have been reported, as follows: San Fernando 1, Riverside County 1, San Francisco 1.

Rocky Mountain Spotted Fever

2 cases of Rocky Mountain spotted fever from Lassen County have been reported.

Trichinosis

One case of trichinosis from San Francisco has been reported.

Food Poisoning

7 cases of food poisoning have been reported, as follows: Los Angeles 6, San Francisco 1.

Undulant Fever

2 cases of undulant fever have been reported, as follows: Glendora 1, Redlands 1.

Coccidioides Granuloma

One case of coccidioides granuloma from Kern County has been reported.

Septic Sore Throat (Epidemic)

3 cases of epidemic septic sore throat have been reported, as follows: San Diego 1, San Francisco 1, Sonoma County 1.

Rabies in Animals

28 cases of rabies in animals have been reported, as follows: Imperial County 2, Los Angeles County 1, Alhambra 1, El Monte 1, Huntington Park 2, Los Angeles 15, Sacramento County 3, San Diego 3.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.